

Small A Box  
Registered Specimens

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/089551

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4			1	2		
5			1			
6				2		
7				1		
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TOTAL IND.	1		2			
TOTAL DEP.	3		8			
TOTAL CLAIMS	4		7			

	IND.		DEP.		IND.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						

1ST AVAILABLE COPY